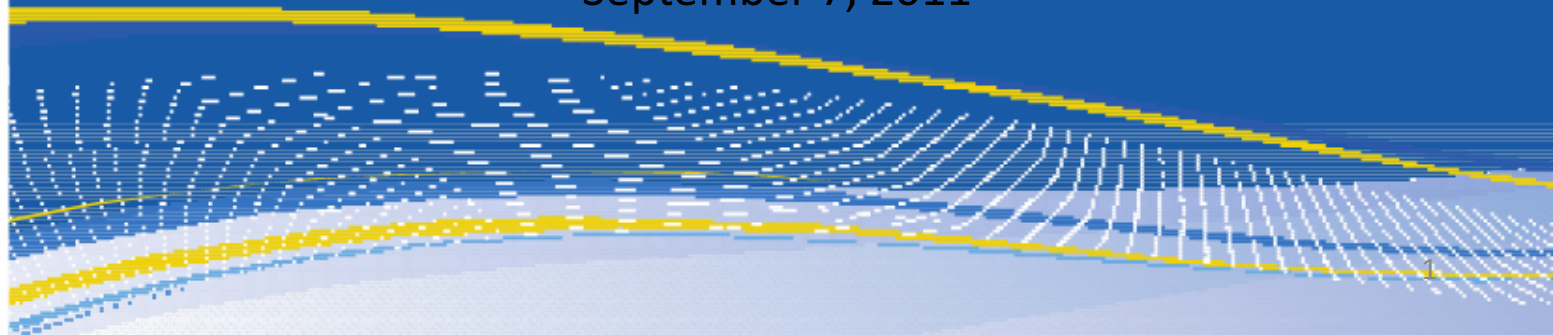


# Medicaid, CHIP, and Exchange Coordination

On the Road to 2014:  
Medicaid and CHIP Eligibility and Enrollment

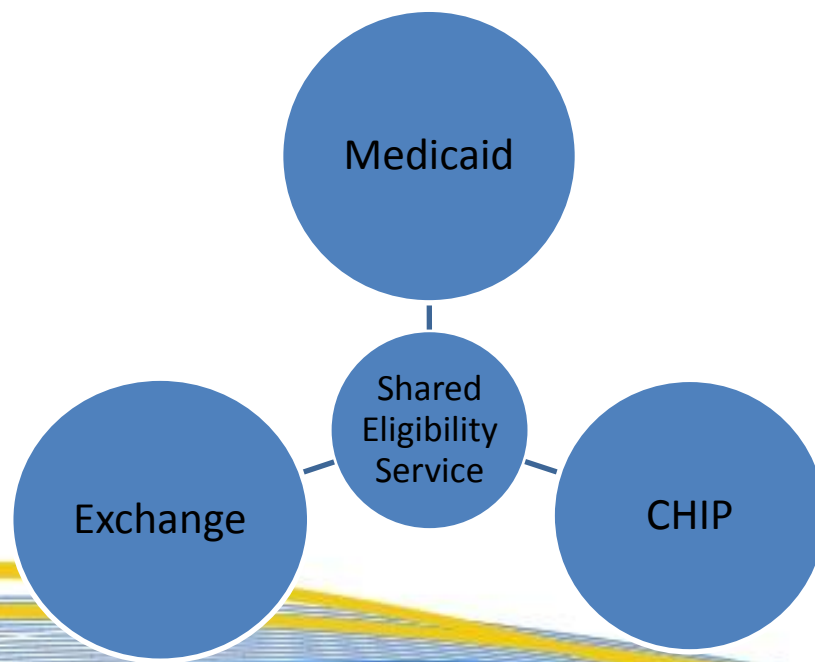
Anna Wolke & Stephanie Bell

September 7, 2011



# Coordination of Eligibility and Enrollment

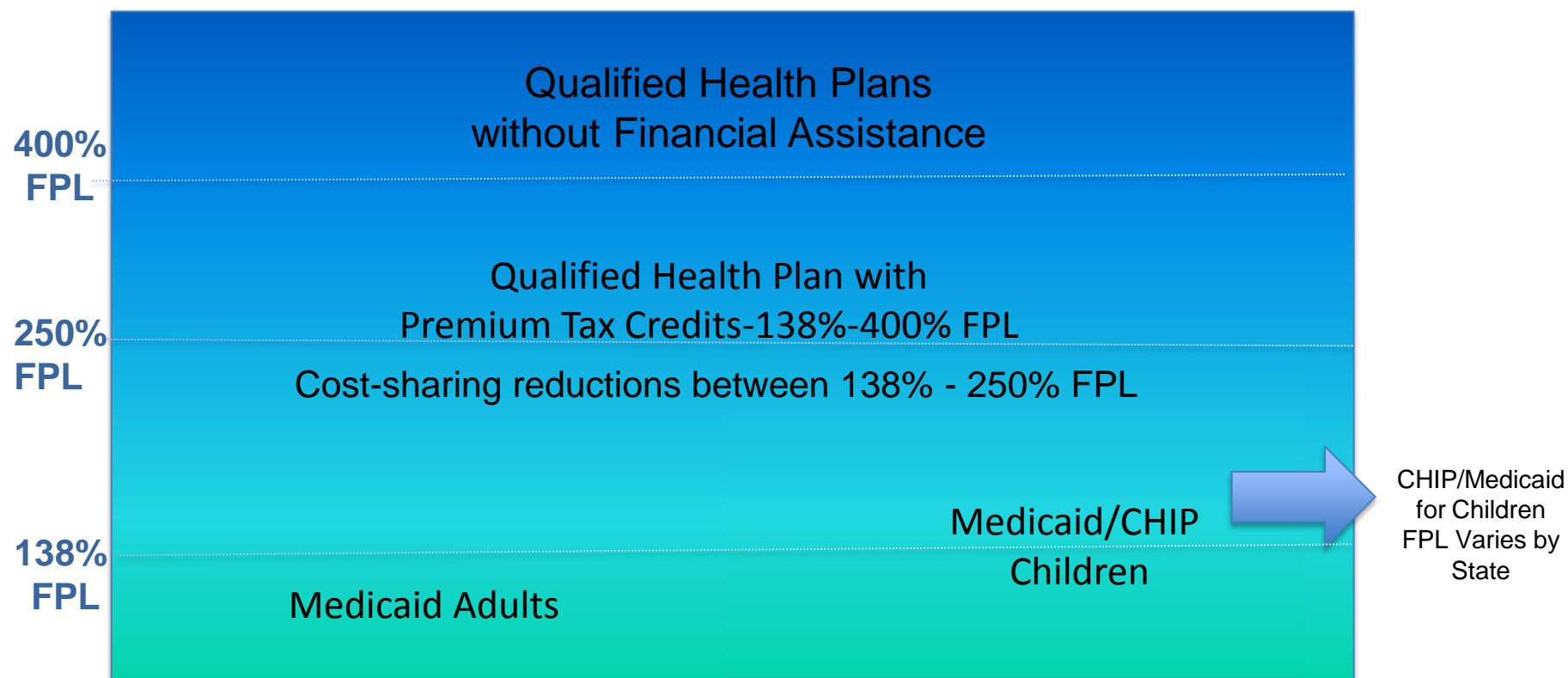
- Section 1943 of the Social Security Act requires State Medicaid agencies to coordinate eligibility and enrollment with CHIP and the Exchange operating in their State.



# Affordable Insurance Exchanges

- ❖ The Affordable Care Act creates Affordable Insurance Exchanges, which are competitive marketplaces focused on providing affordable health plan options for individuals and small businesses
- ❖ Exchanges will be operational in each State by January 1, 2014
  - ❖ HHS will run an Exchange on behalf of a State that does not elect to run an Exchange or receive approval to do so by January 1, 2013

# Income Eligibility for Insurance Affordability Programs



# Achieving a Seamless Process Across Insurance Affordability Programs

- ❖ Single, streamlined application
- ❖ Alignment of eligibility requirements
- ❖ Exchanges will conduct eligibility determinations for all insurance affordability programs
- ❖ Verification based on available electronic data
- ❖ Seamless eligibility redeterminations

# Eligibility Determination Process (for Exchange, Medicaid and CHIP)

Apply online,  
by phone, in  
person or by  
mail for  
Exchanges,  
Medicaid, or  
CHIP

Real-time or near  
real-time  
verification,  
unless  
information gaps  
or inconsistencies  
exist

Eligibility  
determination

Ongoing  
responsibility to  
report changes

Annual  
Redetermination

If applicant-provided  
information and data  
sources are not “reasonably  
compatible”, applicant has  
90 days to resolve

Right to  
appeal



# Verification of Applicant Information (for Exchange, Medicaid and CHIP)

In most cases, to verify applicant information the Exchange will:

- Rely on electronic sources of data, such as the Social Security Administration, IRS, Department of Homeland Security, or other HHS-approved sources
- Follow specific procedures to verify information through other means, such as requesting documents from applicants, if needed

If applicant information is inconsistent with electronic data sources

- The applicant has approximately 90 days to provide documentation to resolve the inconsistency with the Exchange

# Redetermination of Eligibility (for Exchange, Medicaid, and CHIP)

- Based on updated information received from an enrollee, or obtained from limited data matching
- Require enrollees to report changes promptly to ensure eligibility reflects current situation
- Standard 12 month eligibility period
- Based on information available to the State
- Provide notice to individual with data obtained through electronic data sources
- If individual does not respond with updated information, eligibility is redetermined based on current data



# Redetermination of Eligibility (for Exchange, Medicaid, and CHIP)

## Periodic

- Based on updated information received from an enrollee, or obtained from limited data matching
- Require enrollees to report changes promptly to ensure eligibility reflects current situation

## Annual

- Standard 12 month eligibility period
- Based on information available to the State
- Provide notice to individual with data obtained through electronic data sources
- If individual does not respond with updated information, eligibility is predetermined based on current data

# Achieving a Seamless Process Across Insurance Affordability Programs

- ❖ Setting up relationships between Medicaid, CHIP, and the Exchange
- ❖ Utilizing a shared eligibility service
- ❖ Sharing data via secure electronic interface
- ❖ Enrolling eligible individuals
- ❖ Coordinating coverage for individuals who may be Medicaid eligible based on blindness or disability

# Establishing Relationships Among Insurance Affordability Programs

1. The responsibilities of all insurance affordability programs are performed by a single integrated entity
2. Some or all of the responsibilities of each program are performed by one or more of the others
3. Each program fulfills its own responsibilities and establishes strong connections to ensure seamless exchange of information and data

# Shared Eligibility Service

- ❖ Used whenever the single streamlined application for enrollment is initiated, regardless of an applicant's point of entry
- ❖ Coordinate determination and renewal requirements for eligibility in each of the insurance affordability programs
- ❖ May include processes such as those used for collecting and verifying applicant information

# Single State Agency Requirement

- ❖ Medicaid agency must administer or supervise administration of the program.
- ❖ NPRM Proposal: Allow Medicaid agencies to delegate eligibility determinations, for individuals whose eligibility will be determined according to MAGI, to Exchanges that are public agencies.
- ❖ Single State agency remains responsible for ensuring that eligibility determinations are consistent with its rules and corrective actions are initiated as appropriate

# Enrolling Eligible Individuals

- ❖ When an individual is determined eligible for coverage based on MAGI:
  - Individual is enrolled in coverage promptly and without undue delay
  - Agency does not duplicate eligibility or verification findings already completed
  - Shared eligibility service triggers plan/delivery system selection process by notifying appropriate program



# Enrolling Eligible Individuals

- ❖ If the individual may be eligible for Medicaid based on blindness or disability:
  - Applicant's electronic case file is transmitted to the Medicaid agency for a full evaluation based on blindness or disability
  - Individual has the option to enroll in other coverage while Medicaid eligibility determination is ongoing
  - If the individual is determined Medicaid eligible, other coverage is terminated in favor of Medicaid with no penalty to the individual